

sion: HCFA-PM-91-4 (BPD)  
AUGUST 1991

ATTACHMENT 2.6-A  
Page 11  
OMB No.: 0938-

State: MONTANA

---

Citation

Condition or Requirement

---

— For optional State supplement recipients in section 1902(f) States and SSI criteria States without section 1616 or 1634 agreements--

— SSI methods only.

— SSI methods and/or any more liberal methods than SSI described in Supplement 8a to ATTACHMENT 2.6-A.

— Methods more restrictive and/or more liberal than SSI, except for aged and disabled individuals described in section 1902(m)(1) of the Act. More restrictive methods are described in Supplement 4 to ATTACHMENT 2.6-A and more liberal methods are specified in Supplement 8a to ATTACHMENT 2.6-A.

In determining relative financial responsibility, the agency considers only the income of spouses living in the same household as available to spouses and the income of parents as available to children living with parents until the children become 21.

---

No. 92-02

ersedes

TN No. 87(10)9

Approval Date 1/25/92

Effective Date 10/01/91

HCFA ID: 7985E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Montana

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement
1902(l)(3)(E) and 1902(r)(2) of the Act	<p>e. <u>Poverty level pregnant women, infants, and children.</u> For pregnant women and infants or children covered under the provisions of sections 1902(a)(10)(A)(i)(IV), (VI), and (VII), and 1902(a)(10)(A)(ii)(IX) of the Act--</p> <p>(1) The following methods are used in determining countable income:</p> <p><u>X</u> The methods of the State's approved AFDC plan.</p> <p>— The methods of the approved title IV-E plan.</p> <p>— The methods of the approved AFDC State plan and/or any more liberal methods described in <u>Supplement 8a to ATTACHMENT 2.6-A.</u></p> <p>— The methods of the approved title IV-E plan and/or any more liberal methods described in <u>Supplement 8a to ATTACHMENT 2.6-A.</u></p>

TN No. 93-11  
Supersedes  
TN No. 92-02

Approval Date 4/29/93 Effective Date 01/01/93

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Montana

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement
	(2) In determining relative financial responsibility, the agency considers only the income of spouses living in the same household as available to spouses and the income of parents as available to children living with parents until the children become 21.
1902(e)(6) of the Act	(3) The agency continues to treat women eligible under the provisions of sections 1902(a)(10) of the Act as eligible, without regard to any changes in income of the family of which she is a member, for the 60-day period after her pregnancy ends and any remaining days in the month in which the 60th day falls.
1905(p)(1), 1902(m)(4), and 1902(r)(2) of the Act	f. <u>Qualified Medicare beneficiaries.</u> In determining countable income for qualified Medicare beneficiaries covered under section 1902(a)(10)(E)(i) of the Act, the following methods are used:  <u>X</u> The methods of the SSI program only.  <u>      </u> SSI methods and/or any more liberal methods than SSI described in <u>Supplement 8a to ATTACHMENT 2.6-A.</u>  <u>      </u> For institutional couples, the methods specified under section 1611(e)(5) of the Act.

State: Montana

## Citation

## Condition or Requirement

If an individual receives a title II benefit, any amounts attributable to the most recent increase in the monthly insurance benefit as a result of a title II COLA is not counted as income during a "transition period" beginning with January, when the title II benefit for December is received, and ending with the last day of the month following the month of publication of the revised annual Federal poverty level.

For individuals with title II income, the revised poverty levels are not effective until the first day of the month following the end of the transition period.

For individuals not receiving title II income, the revised poverty levels are effective no later than the date of publication.

1905(s) of the Act

g. (1) Qualified disabled and working individuals.

In determining countable income for qualified disabled and working individuals covered under 1902(a)(10)(E)(ii) of the Act, the methods of the SSI program are used.

1905(p) of the Act

(2) Specified low-income Medicare beneficiaries.

In determining countable income for specified low-income Medicare beneficiaries covered under 1902(a)(10)(E)(iii) of the Act, the same method as in f. is used.

TN No. 93-16

Supersedes

TN No. 92-02Approval Date 6/22/93Effective Date 01/01/93

State/Territory: Montana

Citation	Condition or Requirement
1902(u) of the Act	<p>(h) <u>COBRA Continuation Beneficiaries</u></p> <p>In determining countable income for COBRA continuation beneficiaries, the following disregards are applied:</p> <p><u>X</u> The disregards of the SSI program;</p> <p>_____ The agency uses methodologies for treatment of income more restrictive than the SSI program. These more restrictive methodologies are described in Supplement 4 to Attachment 2.6-A.</p> <p>NOTE: For COBRA continuation beneficiaries specified at 1902(u)(4), costs incurred from medical care or for any other type of remedial care shall not be taken into account in determining income, except as provided in section 1612(b)(4)(B)(ii).</p>

TN No. 92-09  
Supersedes

Approval Date 1/24/92

Effective Date 10/01/91

TN No. NEW

HCFA ID: 7985E

sion: HCFA-PM-91-4 (BPD)  
AUGUST 1991

ATTACHMENT 2.6-A  
Page 13  
OMB No.: 0938-

State: MONTANA

---

Citation

Condition or Requirement

---

1902(k) of the  
Act

2. Medicaid Qualifying Trusts

In the case of a Medicaid qualifying trust described in section 1902(k)(2) of the Act, the amount from the trust that is deemed available to the individual who established the trust (or whose spouse established the trust) is the maximum amount that the trustee(s) is permitted under the trust to distribute to the individual. This amount is deemed available to the individual, whether or not the distribution is actually made. This provision does not apply to any trust or initial trust decree established before April 7, 1986, solely for the benefit of a mentally retarded individual who resides in an intermediate care facility for the mentally retarded.

/X/ The agency does not count the funds in a trust as described above in any instance where the State determines that it would work an undue hardship. Supplement 10 of ATTACHMENT 2.6-A specifies what constitutes an undue hardship.

1902(a)(10)  
of the Act

3. Medically needy income levels (MNILs) are based on family size.

Supplement 1 to ATTACHMENT 2.6-A specifies the MNILs for all covered medically needy groups. If the agency chooses more restrictive levels under section 1902(f) of the Act, Supplement 1 so indicates.

---

is. 92-02  
ersedes  
TN No. 87(10)9

Approval Date

1/28/92

Effective Date 10/01/91

HCFA ID: 7985E

Version: HCFA-PM-91-4 (BPD)  
AUGUST 1991

ATTACHMENT 2.6-A  
Page 14  
OMB No.: 0938-

State: MONTANA

Citation	Condition or Requirement
42 CFR 435.732, 435.831	<p>4. Handling of Excess Income - Spend-down for the Medically Needy in All States and the Categorically Needy in 1902(f) States Only</p> <p>a. <u>Medically Needy</u></p> <p>(1) Income in excess of the MNIL is considered as available for payment of medical care and services. The Medicaid agency measures available income for periods of <u>1</u> month (not to exceed 6 months) to determine the amount of excess countable income applicable to the cost of medical care and services.</p> <p>(2) If countable income exceeds the MNIL standard, the agency deducts the following incurred expenses in the following order:</p> <p>(a) Health insurance premiums, deductibles and coinsurance charges.</p> <p>(b) Expenses for necessary medical and remedial care not included in the plan.</p> <p>(c) Expenses for necessary medical and remedial care included in the plan.</p> <p>— Reasonable limits on amounts of expenses deducted from income under a.(2)(a) and (b) above are listed below.</p>

1902(a)(17) of the  
Act

Incurred expenses that are subject to payment by a third party are not deducted unless the expenses are subject to payment by a third party that is a publicly funded program (other than Medicaid) of a State or local government.

o. 92-02  
ersedes  
Tr No. 87(10)9  
91-07

Approval Date

1/28/92

Effective Date 10/01/91

HCFA ID: 7985E

State/Territory: \_\_\_\_\_

---

Citation	Condition or Requirement
----------	--------------------------

---

a. Medically Needy (Continued)

1903(f)(2) of  
the Act

X (3) If countable income exceeds the  
MNIL standard, the agency  
deducts spenddown payments made  
to the State by the individual.



Revision: HCFA-PM-91-4 (BPD)  
AUGUST 1991

ATTACHMENT 2.6-A  
Page 15  
OMB No.: 0938-

State: MONTANA

Citation	Condition or Requirement
42 CFR 435.732	<p>b. <u>Categorically Needy - Section 1902 (f) States</u></p> <p>The agency applies the following policy under the provisions of section 1902(f) of the Act. The following amounts are deducted from income to determine the individual's countable income:</p> <ol style="list-style-type: none"><li>(1) Any SSI benefit received.</li><li>(2) Any State supplement received that is within the scope of an agreement described in sections 1616 or 1634 of the Act, or a State supplement within the scope of section 1902(a)(10)(A)(ii)(XI) of the Act.</li><li>(3) Increases in OASDI that are deducted under §§435.134 and 435.135 for individuals specified in that section, in the manner elected by the State under that section.</li><li>(4) Other deductions from income described in this plan at <u>Attachment 2.6-A, Supplement 4</u>.</li><li>(5) Incurred expenses for necessary medical and remedial services recognized under State law.</li></ol>
1902(a)(17) of the Act, P.L. 100-203	<p>Incurred expenses that are subject to payment by a third party are not deducted unless the expenses are subject to payment by a third party that is a publicly funded program (other than Medicaid) of a State or local government.</p>

Io. 92-02  
ersedes  
TN No. 91-07  
87(10)9

Approval Date

1/28/92

Effective Date 10/01/91

HCFA ID: 7985E

State/Territory: Montana

Citation	Condition or Requirement
<u>4.b. Categorically Needy - Section 1902(f) States</u> Continued	
1903(f)(2) of the Act	— (6) Spenddown payments made to the State by the individual.

NOTE: FFP will be reduced to the extent a State is  
paid a spenddown payment by the individual.

TN No. 92-09  
Supersedes —  
TN No. NEW

Approval Date 1/24/92

Effective Date 10/01/91

HCFA ID: 79852/